

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097926693**

FILING DATE

APPLICANT(S)

19-7904 10-2204 CLAIMS

	AS FILED ~		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3		/		/		/
4		/		/		/
5		/		/		/
6		/		/		/
7		/		/		/
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50		/		/		/
TOTAL IND.	7	↓	6	↓		↓
TOTAL DEP.	7	↓	19	↓		↓
TOTAL CLAIMS	14		25			

	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS